

Key Informant Perspectives on the Crisis Intervention Needs of Karen Families in Ramsey County, MN



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Resilient Communities Project

UNIVERSITY OF MINNESOTA

Building Community-University Partnerships for Resilience

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Resilient Communities Project—Ramsey County Partnership

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Course: FSOS 4294: Research Internship

Description

The Karen refugee population in the Twin Cities of Minnesota, has been growing exponentially. The systems currently in place do not have the cultural capacity to best address the needs of Karen families and individuals that are experiencing crisis. Many refugees experience numerous mental health problems as a result of the stress they underwent when fleeing their countries. The same is true of the Karen refugee population with many Karen refugees experiencing symptoms of depression, anxiety, and post-traumatic stress disorder. These mental health issues are compounded with the expected stressors of integrating into a new country.

This project was undertaken with the understanding that all communities have knowledge and community infrastructure that help to support their members to survive and thrive. Such community/cultural infrastructure may become eroded or in need of adaptation in response to migration or other changes in a community's living conditions. We worked from an assumption that the Karen community has existing internal resources and practices for responding to individuals and families in crisis. The question we explored is, in what ways can Ramsey County Crisis Intervention contribute to the resources available to Karen community members? This is a companion project to the project undertaken by Social Work 8352.

Methodology

For this research, we chose to explore the best practices to help when Karen refugee families are experiencing crisis. To research this question, two different methods were used. First, we conducted two separate literature reviews. The first review was focused specifically on the best practices found within the Karen refugee community. The second literature review looked at best practices used within refugee communities, in general. For the second literature review, we did not focus on finding information specifically with Karen populations. The other component of our research included conducting interviews with programs serving the Karen

community in the metro area and in other parts of the Karen diaspora. We conducted these interviews both in-person, and over the phone.

Findings

The findings of this research were highly informative. There were three clear categories that the summation of our research fell into.

The first being, things that help promote the well-being of these Karen communities. One theme that stood out and showed up repeatedly was the practice of gardening. Karen communities within their homeland often practice gardening and growing their own food supply. For this reason, Karen community members are often used to being fairly self-sufficient and independent. In an article that studied and discussed the benefits of gardening within the Karen community, a Karen participant noted, “When we, the Karen, lived back in the village, we survived by farming and gardening so now it becomes a part of us and it is what we love to do... Doing gardening here makes us feel like we are living in our own country” (Hartwig & Mason, 2016). Multiple authors suggested gardening as a best practice to counteract stress and negative emotions associated with the resettlement of Karen refugee communities.

The second would be things that might help when people are in distress. There were three interviews conducted that were able to answer these types of questions. The similarities of answers among all three of these interviews for this question would be building relationships, respect, patience, and communication. When these professionals evoked some of these attributes while working with the Karen people, they were able to help them during distress. One of the interviewees suggested, “Show them that you understand and want to work with them.” Doing so allows for the Karen people to open up about their distress and allows for professionals such as the interviewees to help families and individuals.

The last significant finding was the barriers that Karen families are facing. The most common barriers found in all three interviews were these: interpreters/language, understanding the system, and access to resources. With interpreters and language, it was found that many interpreters were not trained effectively in order to productively help Karen families. Understanding the system is found to be a barrier as well due to the fact that no one helps them understand how it works in many cases. Another barrier found was the access to resources which an interviewee from a domestic violence program discussed, “Families often feel blamed by others for using resources.” Some Karen families were found to not know how to access resources and others, felt being blamed for using resources.

Recommendations/Conclusions

In conclusion, there were many significant results and data found from this research project based on Karen refugee families in crisis. Through literature reviews and interviews, there were many results found for best practices and other information when Karen families are in distress. Some of these results included things that helped promote the well-being of families, things

that helped when families were in distress, and barriers faced by Karen refugee families. From the research, some recommendations were found in order to address the problem.

A prominent theme throughout the project was the importance of building strong, trusting relationships with the Karen community. Hallmarks of these relationships were identified as respect, trust, patience, staying connected. Based on our findings, we have identified questions to pursue:

- How will the findings of this project be shared with colleagues at Karen community organizations?
- How can Ramsey County contribute to/support the gardening and urban agriculture that already exists in the Karen community here?
- How has/can the Crisis Intervention program create bridges to the Karen community, for example, paid community liaison positions, listening sessions? (see Nexus Community Engagement Institute for resources)

5. Next Steps – *Next steps to keep the project moving forward (To be completed by project lead)*

Resources

Ahmad, N.S., Kamal, S.F., & Sulaiman, A.A.M. (2017). Practice of crisis intervention among Malaysian counsellors. *Advances in Social Science, Education and Humanities Research*. 133, 295-298.

Ballard, J., Wieling, E., & Forgatch, M. (2017). Feasibility of implementation of a parenting intervention with Karen refugees resettled from Burma. *Journal of Marital and Family Therapy*. 44(2), 220-234. doi: 10.1111/jmft.12286

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Gilhooly, D. & Lee, E. (2017). Rethinking urban refugee resettlement: A case study of one Karen community in rural Georgia, USA. *International Migration*. 55(6), 33-55. doi: 10.1111/imig.12341

Harkins, B. (2012). Beyond “temporary shelter”: A case study of Karen refugee resettlement in St. Paul, Minnesota. *Journal of Immigrant & Refugee Studies*. 10, 184-203. doi: 10.1080/15562948.2012.674326

Hartwig, K. A., & Mason, M. (2016). Community gardens for refugee and immigrant communities as a means of health promotion. *Journal of Community Health*. 41, 1153-1159. doi: 10.1007/s10900-016-0195-5

McCleary, J.S. (2016). The impact of resettlement on Karen refugee family relationships: A qualitative exploration. *Child & Family Social Work*. 22, 1464-1471. doi: 10.1111/cfs.12368

Silove, D., Ventevogel, P., & Rees, S. (2017). The contemporary refugee crisis: An overview of mental health challenges. *World Psychiatry*, 16, 130-139.

Vanderploeg, J.J., Lu, J.J., Marshall, T.M., & Stevens, K. (2016). Mobile crisis services for children and families: Advancing a community-based model in Connecticut. 71,103-109. doi:10.1016/j.chilyouth.2016.10.034

Key Learnings from Interviews

Three interviews were conducted with community organizations that work with Karen individuals and families either here in the Metro or in other parts of the Karen diaspora: a community gardening program that works in refugee resettlement (North Carolina), an adult rehabilitative mental health services program (Metro), and a domestic violence program (Metro).

Interview Questions:

- Tell me a little bit about your programs
- What have you found that works well when working with Karen individuals and families?
- In your work, have you interacted with Karen individuals or families when they're in distress?
- What have you found that works well when you're supporting Karen individuals and families in distress or crisis?
- What have you seen as barriers to Karen individuals and families in crisis when accessing resources?
- Can you tell us about the work that you've done with Karen individuals and families?
 - What work are you doing now?
- What have you seen happen when a Karen family, or individual is in crisis?
 - Who/what do community members reach out to when they are in distress?
- Is there anything else that you think is important for us to know?

Interview 1 Themes	Interview 2 Themes	Interview 3 Themes
Things that help promote well-being <ul style="list-style-type: none"> ● Empowering women (mostly women at this farm, provide resources and education to women) ● Respect ● Trust Things that might help when people are in distress <ul style="list-style-type: none"> ● Autonomy ● Time ● Building relationships (respect) What are the barriers <ul style="list-style-type: none"> ● Language ● Access (resources, etc.) ● Clients are unaware on how to advocate for themselves 	Things that help promote well-being <ul style="list-style-type: none"> ● Building relationships ● Trust ● Envision in the community Things that might help when people are in distress <ul style="list-style-type: none"> ● Patience ● Trust ● Workshops/support groups What are the barriers <ul style="list-style-type: none"> ● Interpreters ● Affordable housing ● Blame (families being blamed for using resources, etc.) 	Things that help promote well-being <ul style="list-style-type: none"> ● Understanding priorities ● Respect ● Trust Things that might help when people are in distress <ul style="list-style-type: none"> ● Showing empathy ● The language you use is important (communication) ● Reminders what you can and cannot do for them What are the barriers <ul style="list-style-type: none"> ● Understanding the system ● Interpreters/language ● Trainings for professionals

Interview 1 - Community Garden

1. Introduce ourselves and project

Hello, my name is Savannah Larson. Amanda could not make it to the interview do to her work schedule. We are Seniors at the University of Minnesota, Twin Cities. We are working on a research project to find effective programs or crisis intervention for Karen families at different organizations. We are a city with a lot of resettlement of Karen people. In Saint Paul, MN alone, there are over 10,000 Karen people. We have been researching different programs in our local area, nationally, and internationally that have been working with or have programs helping Karen families and individuals.

2. Tell me a little bit about your programs.

- We have an 8 acre farm site where we educate families about farming
- Provide a huge income \$116 to come in as farm income from 12 families that will go to 5 families
- 26 families who treat the farm as a second home
 - Benefits of the program and farm
 - Recreate a home and recreate traditional practices
 - The space is very healing
- Hunger relief program
 - Traditional plants and food grown
 - Traditional food (food security) is very important to families
 - Food is medicine
 - Very important to have food they are familiar with
 - Donate food to local food pantries
- Youth Programming
 - Leadership programs
 - Mostly adolescents

3. You know the program in Ramsey county that we have been working with, specifically does work with crisis intervention, we're wondering if you have worked with Karen individuals or families when they may be experiencing a crisis?

- No direct to work with crisis work.
- Does not believe in western informed trauma approaches
 - Traditional forms of therapy are not appropriate for refugee families
 - Bigger challenges are to find their way through difficult resettlement processes
 - Income, loss of culture*
 - Their model: Try to make income meaningful, autonomy
 - Folks dont have a lot of control with autonomy
 - Similitives forces important to families well-being
 - Farm allows for them to have a lot of purposes and recreate their lives in a world they do not have a lot of
 - Models where folks are given space, go outside, practice other cultural practices such as farming that gives them a sense of pride, sense of dignity
 - Sense of dignity is stripped away in refugee camps

- Lost in many ways
- The program is proud with the space they have: More effective approach

4. In your own work or community overall, do you have a sense of what works well with Karen families or individuals in crisis?

- Giving them a sense of autonomy
- Giving them time to provide their own opinions and voice on what they want to see
 - It takes time and relationship building
 - Ex: no feedback she first started working because they did not know her but now they do since they are close and know her well.
 - Building accountability
 - Showing a lot of respect
 - Learning someone's language
 - Interpretations
 - Recognize someone comes from different educational programs and be respectful of that
 - Make them feel included
 - 10 years she has been at Transplanting Traditions
- a. **Do you have a sense of what has not worked well?**
- You do not want a bad name.
 - Your name will spread through community fast
 - The community relies on word of mouth
- Translated written texts
 - A lot of folks are non-literate in their language
 - Otherwise do not do a lot of reading
 - Makes them feel uncomfortable
 - Learned to use a lot of pictures and oral communication

5. What have you seen as barriers to Karen families or individuals in crisis when accessing resources?

- Language
 - Some interpretations but this is fairly a new community in U.S
- Folks are completely unaware how to advocate for themselves
- Knows a lot of families who can get certain resources but busy

6. Is there anything else that you think is important for us to know?

- The culture of Burma is a patriarchal community
 - View on women is more
 - Work with women mostly
- Found some intense problems with working with women in their culture
- Much more effective to provide resources and education to women
 - They effect more change in their family than men do
 - Good way to focus
 - Gender expectations and norms places on women.
- With Therapy
 - Who she has spoken with

- Sitting with therapists and talking about trauma, etc. is not a good way to manage mental health, problems and stress
- More common for folks to not express those emotions in the ways that we do in a westernized way
 - She has seen more often that issues are being expressed more in bodily issues
 - Things get expressed through the body which we separate in a westernized world
- People are uncomfortable
 - Younger generation is different but folks who are older and entrenched in cultural ways are more uncomfortable
 - Mistrust, not understanding the American medical system
 - Mistreated in this system
 - Accessing help
- We work with teens a lot
 - There is a lot of support that can be given to youth
 - They help their families a lot, bilingual, etc.
 - Dedicated to their families, expectations are high from parents and elders
 - A good place to affect change is to provide support for youth that are taking youth in their

Interview 2 - Domestic Abuse Program

1. What have you found that works well when working with Karen individuals and families?

- We come to know the families we work with
- The recency of their trauma during refugee travels
 - They still have sensitivity and anxiety with law enforcement
 - Fear
 - Takes a long time to provide direct services
- Appropriate interpreters
 - Tough, boundaries
- Focus groups
 - Karen women in one cohort
 - Envision in community
 - The women were asked what they would change to improve the future for themselves and their children's lives
 - About everyone answered to remove liquor and liquor stores
 - Alcohol abuse is common and there is a pattern
 - The alcohol makes their partners and older sons waste their money and paychecks on it

2. In your work, have you interacted with Karen individuals or families when they're in distress?

- Have interacted closely with women and children
- Not as much with men
 - Do not have a batterer's intervention program at their site.

3. What have you found that works well when you're supporting Karen individuals and families in distress or crisis?

- Support groups
- Working closely with Karen focused organizations
- Workshops in Karen community
 - Teach women how to access resources in distress
 - Safety planning
 - How to help a neighbor during DV
- Go back to women they worked with years ago and use them as resources

4. What have you seen as barriers to Karen individuals and families in crisis when accessing resources?

- Suspicion towards Karen people
- Interpreters
- Karen students
 - Families feel being blamed for using resources
- Affordable housing

5. Is there anything else that you think is important for us to know?

- Amanda: Gardening and Religion?
- I see gardening helps the Karen community in a therapeutic way.
 - A place for weeding for an hour'
 - Planting things they like
 - Cooking things for their children that they grew themselves
- Religion
 - Church was important to the Karen community
- Be sensitive to where people have been to not so long ago
 - Be slow and patient
 - Build up trust
 - Have a lot of integrity in our project as we continue on

Interview 3 - ARMHS Provider

1. Introduce ourselves and project

Hi, our names are Savannah Larson and Amanda Shepard. We are students at the University of Minnesota, collaborating with Ramsey County Behavioral Health. We are currently working with the county on a project to improve crisis intervention services for Karen refugee community members.

2. Tell me a little bit about your programs

- Program previously with Karen: Mental health, ARMHS Services to Karen Adults in St. Paul Area
 - She worked with a Karen interpreter
 - Home visits
 - They focus on the ARMHS Assessments
 - Identify and create plans for participants
 - They liked the idea of having to achieve something, what is the plan, what skills do you need help and to work with to reduce stress around what they are receiving
 - She would repeat why they are doing the work and why it is important
- Examples:
 - Worked with someone who had troubles with transportation: no car or reliable transportation
 - When needed to see a doctor, they would rely on transportation offered by medical insurance
 - Calling medical insurance was hard for them, so they needed help
 - They needed to rely on someone at the clinic to help them
 - If forgot, he didn't know how to cancel it
 - She helped him to learn how to ride the bus, routes, locations
 - She went through the process with him
 - How to scan bus card, how to refill card, how to request for stop
 - Got to the point where he felt comfortable to do it himself
 - She had him lead her through the process and he felt comfortable to do it himself
 - Remind him that he already has the skills, but just needs guidance
 - Mental health: all the little things that people take for granted, self-confidence, a new environment makes them doubt themselves
- What helped her do this job, her own personal experience
 - Learning about PTSD, flashbacks, and how to react to them
 - Learned how her parents learned how to cope with these things
 - Learn what living in that condition looks like and knowing how to identify it, help clients with little steps
- Another Ex:
 - There were language issues
 - Help them how to write a check to pay the bills, teach them the numbers, spelling, printed out check templates to help them learn and practice how to write their own checks. Have them write actual checks to mail out.

- She hopes that her services helped her clients become more confident and with the skills.

3. What have you found that works well when working with Karen individuals and families?

- Karen are cooperative, they want to do good things for the family
- Understand priorities
- Even though some may be stubborn, they will follow through with what she asks
- Karen families and their relatives want to work with you.

4. In your work, have you interacted with Karen individuals or families when they're in distress?

- Yes!
- See through their frustration, why certain things have to be a certain way
- They get frustrated at the interpreters, ARMHS worker, experience with other service providers, especially when they don't know what is going on.
- Anger
- Validate their experiences and remind them that the interpreter and practitioners are here to help them and how to move forward
- The language you use is important
- When they feel disrespected, they shut down
- Age plays a role, she worked with people older than her
 - Respecting them made them happier when being showed this
 - Ex: take off your shoes before going into a house
 - Walking in front of an elder, bow head a little bit
 - When doing these things, makes them feel happier
 - Have to be more aware of the little things
- Triggers from past
 - Diffuse the situation
 - Remind the role, what she can and cannot do
 - How can I help you with this situation and what I can do
 - Remind them of her abilities, and identify this so they are not so distressed.

5. What have you found that works well when you're supporting Karen individuals and families in distress or crisis?

- Showing empathy when they are in distress
 - When you dismiss this, it makes them feel not worthy
 - To express the distress to you, when with someone new, they want to show the best part of themselves
 - Can't say things like, "Don't worry" or "Don't be angry." Do not tell them how they can feel
 - Show them that you understand and want to work with them
- ARMHS: depends on the worker and how the individual is connected and knows the provider
 - It is important to know to work in a way that they know what to do (paperwork wise) and interact with participants where they are actually helping them

- Some feel like their ARMHS worker is not helping them
- She puts her calls on speaker for the client to hear what they are doing and asking such as calling transportation
 - Demonstrates what she is doing and how they can do it
 - Remind them of the skills
 - Helping them understand these concepts and make it clear to them
 - Knowing what is going on is important

6. What have you seen as barriers to Karen individuals and families in crisis when accessing resources?

- Understanding the (government/healthcare/education, etc.) systems
- The process of the systems
- Healthcare system
 - How referrals work
 - How paying works
- Informing them helping them understand
- Not knowing information
- Language
- Interpreters: sometimes (Yes and No)
 - Interpretation of Mental health: how it is explained in the language
 - How it is understood by certain interpreters, and how they use the language
 - One incident: A medical provider said what they saw to her
 - How the term was being translated, she was not comfortable with how it was being interpreted
 - Demeaning for them when interpreted wrong
 - She talked to the interpreter about the incident and explained the meaning that should be interpreted
 - The barrier is perhaps the training and how they interact with the people they are interpreting for, interactions with them, trust (Main barrier)

7. Is there anything else that you think is important for us to know?

- What is Ramsey looking for and what are they doing to do with this information, and how am I supposed to give this back to the community?
- It is important to speak to Karen individuals in the community
 - Have you been speaking to Karen individuals in the community?
- For Ramsey County to know:
 - Health equity perspective: if this is one of the goals the county has, then they cannot seeing as language services as a burden
 - The “we are going out of our way to do this for you” perspective is problematic
 - If they are creating a program and training to work with the Karen community, it has to be from the health equity perspective
 - Another important thing: All of the communities they work with have cultural essence and knowledge, and they cannot see these assets as needs
 - They value education
 - How can you leverage these assets and support them
 - How to make them not feel distressed

- All of these connected in certain ways
 - Create a team to be on these program designs to help the community be apart of it
- How to take away the white savior perspective at a county level?
 - With demographics are hard
- Contact her if we have follow up questions
 - Give her the information once compiled

Community Engagement Toolkits

Karen Community Resource Site

[Toh Moo](#) (St. Paul)

“Toh Moo, the Karen word for "Bridging Life" is a directory of resources on health, education and other topics in Karen and English. It is a project of the Karen Chemical Dependency Collaboration.....”

Community Engagement and Health Toolkits

[Nexus Community Engagement Institute](#) (St. Paul)

The Institute provides tools on their website like a self-assessment for organizations and case studies of community engagement. They sponsor periodic community learning sessions, as well as a more intensive training institute.

[Multicultural Storytelling Kit](#) (Minneapolis)

Developed by the Minneapolis Department of Health and their Urban Health Agenda Community Advisory Committee, this approach uses storytelling circles to build relationships and community health infrastructure.

[Best Practices in Action](#)

This report includes a table of community engagement best practices documented in research.

[Collective Impact Forum Community Engagement Toolkit](#)

Includes reflection and planning exercises for organizations.

[Asset-Based Community Development Institute](#)

Includes tools, assessments, case-studies for asset-mapping and development of community resources and networks.

Annotated Bibliography - Karen Resettlement and Mental Health

Ballard, J., Wieling, E., & Forgatch, M. (2017). Feasibility of implementation of a parenting intervention with Karen refugees resettled from Burma. *Journal of Marital and Family Therapy*. 44(2), 220-234. doi: 10.1111/jmft.12286

The purpose of this research was to highlight best mental health interventions for caregivers within populations of Karen refugees. The study tested the impact of implementing an adapted evidence-based parenting intervention for contexts of trauma and relocation stress. The authors, Jaime Ballard and Elizabeth Wieling, are both researchers at the University of Minnesota. Elizabeth Wieling has much personal experience working with refugee populations and specifically those that are undergoing widespread trauma. The work is written for those researchers and professionals learning about best practices in parent-child interventions. The study used interviews and structured assessments at baseline dates and follow-up dates. The research found that caregivers reported high mental health distress immediately after the interventions took place. This could be potentially due to increased awareness. Children reported a decrease in mental health symptoms. This study is unique in that researchers made personalized referrals for counseling services as needed.

Fazel, M., Doll, H., & Stein, A. (2009). A school-based mental health intervention for refugee children: An exploratory study. *Clinical Child Psychology and Psychiatry*. 14(2), 297-309. doi: 10.1177/1359104508100128

This work focused on best developing a school-based mental health service for refugee children. The service was made available in three schools. Data were collected on 47 refugee children and two control groups. The research was written specifically for schools looking to implement services to help refugee students better adapt to their new surroundings. The study used a questionnaire of psychological functioning to gather baseline data. Refugee children had poorer overall adjustment, particularly with emotional and peer problem domains. The study found that by forming a collaborative effort of teachers, parents, and children, that refugee's needs could be best met this way.

Gilhooly, D. & Lee, E. (2017). Rethinking urban refugee resettlement: A case study of one Karen community in rural Georgia, USA. *International Migration*. 55(6), 33-55. doi: 10.1111/imig.12341

This journal article investigated two existing communities of Karen refugees in rural Georgia, USA. Author Daniel Gilhooly is a professor at the University of Central Missouri and Eunbae Lee is a professor at the University of Southern Georgia. The article notes that historically, refugee settlements in urban areas have had negative outcomes. The authors argue that because many Karen refugees come from rural agricultural backgrounds, that they would benefit from the familiar lifestyle of rural living. The investigations found that there were both advantages and disadvantages to resettling Karen populations to more rural areas, but that the benefits outweigh the costs.

Harkins, B. (2012). Beyond “temporary shelter”: A case study of Karen refugee resettlement in St. Paul, Minnesota. *Journal of Immigrant & Refugee Studies*. 10, 184-203. doi: 10.1080/15562948.2012.674326

This journal article discusses the impact resettlement has had on Karen refugee populations, specifically in St. Paul Minnesota. The study’s research subjects included leadership representative from non-profit social service providers, Karen CBO representatives, elders of the Karen community, representative of the Karen National Union, spiritual leaders from the Karen and American religious communities, government officials overseeing refugee services, American volunteers aiding refugees, and randomly selected Karen refugee households. The article discusses the impact on livelihoods, welfare, gender roles, and social problems. Crucial Karen refugee struggles are highlighted.

Hartwig, K. A., & Mason, M. (2016). Community gardens for refugee and immigrant communities as a means of health promotion. *Journal of Community Health*. 41, 1153-1159. doi: 10.1007/s10900-016-0195-5

This journal article focused on the benefits experienced by encouraging Karen refugee populations to garden their own fruits and vegetables. Kari A. Hartwig is a professor at St. Catherine’s University. Hartwig and Mason analyzed the physical and mental benefits of gardening by having Karen community members fill out surveys and mental health evaluations. Many benefits were noted, specifically the emotional benefits. One participant stated, “When we, the Karen, lived back in the village, we survived by farming and gardening so now it becomes a part of us and it is what we love to do... Doing gardening here makes us feel like we are living in our own country.” Due to the social and health benefits of community gardening, the authors suggest this practice could be helpful in adapting to refugee life in the United States.

McCleary, J.S. (2016). The impact of resettlement on Karen refugee family relationships: A qualitative exploration. *Child & Family Social Work*. 22, 1464-1471. doi: 10.1111/cfs.12368

This study used focus groups to identify what characteristics are successful that Karen refugee families already possess and how families could be better helped based off their current skills. The data was gathered through six focus groups, three of which were all women, and the other three were made up of men. Much of the findings were based on family relationships. Many participants report feeling separated from their support systems. Due to the stress of resettling in a foreign country, there are many familial relationship strains. Parents and children struggle to communicate. It is suggested that once material needs are met, families might benefit from family counseling or parenting support.

KEYWORDS: *community, Karen, refugee, immigration, resettlement, intervention*

Annotated Bibliography - Crisis Intervention and Mental Health Services

Silove, D., Ventevogel, P., & Rees, S. (2017). The contemporary refugee crisis: An overview of mental health challenges. *World Psychiatry, 16*, 130-139.

In this literature, the nature of the problems refugees face are further explored. The policies applied to refugees by host countries are crucial to the mental health of the refugee population. Mental illnesses such as depression and PTSD are common amongst refugee communities. The formative period of the refugee mental health field was recent in the 1970s-2000. Contemporary models mostly focus on comprehensive accounts of the refugee experience. Most adopt a multifaceted, eco-social framework. One of the most recognized models is Hobfoll's Conservation of Resources theory. This theory focuses on the effects of objective loss and the shared meanings of these deprivations within each culture and context. The theory assumes that individuals have the capacity to withstand experiences of trauma and stress, "that all humans have a natural drive to obtain, retain, foster and protect resources." This is applicable to refugees that often experience a sudden and massive loss of resources. The model offers the potential to make an objective assessment of the resource losses experienced by individuals and the community. The mental health experienced by refugees in totality can then be addressed and treated.

Vanderploeg, J.J., Lu, J.J., Marshall, T.M., & Stevens, K. (2016). Mobile crisis services for children and families: Advancing a community-based model in Connecticut. *71*, 103-109. doi:10.1016/j.chilgyouth.2016.10.034

This article attempted to describe a best practice model of care for children's mobile crisis services in Connecticut. These Emergency Mobile Psychiatric Services (EMPS), respond to home, schools, emergency departments and other community location to provide children and their families with mobile crisis stabilization. The EMPS also provide an assessment and brief intervention, referral and connection to long-term care. Some of the most repeated youth characteristics described by patients seen by EMPS are attempted harm/risk to self, disruptive behavior, depression, family conflict, and more. Almost all of the patients seen fit the criteria to be considered seriously emotionally disturbed. EMPS has played an important role in Connecticut's children's behavioral health system, and could be adapted to fit other populations that might benefit from these types of services.

Ahmad, N.S., Kamal, S.F., & Sulaiman, A.A.M. (2017). Practice of crisis intervention among Malaysian counsellors. *Advances in Social Science, Education and Humanities Research. 133*, 295-298.

This literature defines crisis intervention as "a method used to handle people in crisis. It offers immediate, short-term help to individuals who experience stressful or traumatic events." To perform their studies, 21 counselors with an emphasis on crisis intervention were selected as a sample. The counselors were interviewed to explore what they have found works best in crisis intervention and what models they prefer to use. Two crisis intervention models were used by the counselors in this study, the Roberts Model and the Gilliland Model. The article recommended that Malaysian counselors use more updated models of crisis intervention.

Bishop, M., Scott, M., & Lee, H. (2017). The crisis in crisis intervention: An analysis of crisis care and community mental health in Northwest Ohio. *Journal of Sociology and Social Work*. 5(1), 31-37. doi:10.15640/jssw.v5nla4

This article highlights the lack of collaboration between crisis intervention care and community mental health centers. One finding that was unexpected was the role that law enforcement plays and how they can contribute positively to community health. It is important for officers to be trained in responding to crisis. Another suggestion is to share patient data without breaking confidentiality. This way collaboration between social workers, mental health professionals, law enforcement, crisis intervention trainings and trainers could be better improved. This finding could be extended to family shelters, community organizations, and other programs that have a role to play in helping community members.

Dishion, T., Forgatch, M., Chamberlain, P., & Pelham III, W.E. (2016). The Oregon model of behavior family therapy: From intervention design to promoting large-scale system change. *Behavior Therapy*. 47(1), 812-837.

The research in this article, is an extension of research performed in Oregon in the 1960's. In the 1960's the Oregon group studied "primarily families seeking to help improve children's aggressive and disruptive behavior." The literature uses the term family management to describe a broader set of parenting behaviors that used in past behavior training. Intergenerational trauma is highlighted and discussed in how it occurs and why it's important to treat early on. This is applicable to the Karen refugee populations, and refugee populations in general as many families and individuals experience trauma either in their homeland, on their journey to their new destination, or once they've arrived. The research recommends to move beyond a clinical setting and expand therapy models that focus on community well-being. Lastly, the literature calls for more models that bring about systemic change to reduce the prevalence of child and adolescent problem behavior. This is also applicable to refugee population in that much of the trauma they experience could be avoided through helpful social services.

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